



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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MUHS

डॉ. कालिदास द. चव्हाण

एम.बी.बी.एस., एम.डी (न्यायवैद्यकशास्त्र),

कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D.(Forensic Medicine)

Registrar

No.MUHS/UG/E-1/39/ 12644/2018

Date: 10/07/2018

Continuation /Extension of Affiliation letter for Academic Year 2018-19
(Issued under provision No. 05 & 13 of University Direction No. 02/2016)

To,

The Dean,

Shri. Vasantnao Naik

Govt. Medical College,

Yavatmal - 445 001

Sub. : Continuation / Extension of Affiliation for the A.Y. 2018-19.

Ref : 1) Your letter No. शावैमय/विवि/युजी/१०१६१/१८ दिनांक ३०/०५/२०१८

2) DMER letter No. संवैशिवसं/शावैम-संलग्नीकरण/हमीपत्र/७०२३/७-अ दिनांक २७/०६/२०१८

Sir / Madam,

1. With reference to the subject cited above, I am directed to communicate that as per the provision under Section 16(7) of Maharashtra University of Health Sciences Act, 1998, the Academic Council has taken a decision in its meeting held on 09/06/2018, vide its resolution No. 03/2018 to grant Continuation of affiliation/ Extension of Affiliation to the **M.B.B.S.** course for the A.Y. 2018-19, subject to following conditions:

- The intake capacity shall be **150**
- Grant of permission from Central Govt. / Medical Council of India and / State Government, (as applicable).
- Fulfillment of following deficiencies strictly within one month:

(i) **Teaching Staff:**

| Sr. No. | Department | Required | | | Existing | | | Deficiency | | |
|---------|--------------|----------|------|-------|----------|------|-------|------------|----------|----------|
| | | Prof. | A.P. | Lect. | Prof. | A.P. | Lect. | Prof. | A.P. | Lect. |
| 1 | F.M.T. | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 |
| 2 | Pharmacology | 1 | 1 | 2 | 0 | 1 | 2 | 1 | 0 | 0 |
| 3 | T.B. & Resp. | 1 | 0 | 1 | 0 | 1 | 2 | 1 | 0 | 0 |
| 4 | Psychiatry | 0 | 1 | 1 | 0 | 0 | 2 | 0 | 1 | 0 |
| 5 | Paediatrics | 1 | 2 | 3 | 1 | 2 | 2 | 0 | 0 | 1 |
| 6 | Gen. Surgery | 1 | 4 | 5 | 1 | 3 | 4 | 0 | 1 | 1 |
| 7 | Orthopedics | 1 | 2 | 3 | 1 | 2 | 1 | 0 | 0 | 2 |
| 8 | ENT | 1 | 1 | 1 | 1 | 0 | 2 | 0 | 1 | 0 |
| 9 | Anesthesia | 1 | 3 | 5 | 0 | 0 | 2 | 1 | 3 | 3 |
| 10 | Dentistry | 1 | 1 | 1 | 0 | 0 | 2 | 1 | 1 | 0 |
| | Total | | | | | | | 4 | 7 | 8 |

Kindly note the above and do the needful Scrupulously.

Important Note. :

1. This continuation/Extension of Affiliation is issued for the A.Y. 2018-19 subject to the permission of Medical Council of India, Delhi and / or Government of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation will be treated as cancelled. The College is not authorized to admit the Student for the 1st year of the course until receipt of permission of the Medical Council of India, Delhi and /or Government of India.
2. The admission shall be done only through the Competent Authorities.

Thanking you,

Yours ,



Registrar

Copy to:

1. The Secretary, Medical Council of India, New Delhi.
2. The Secretary, Medical Education & Drugs Department, Mantralaya, Mumbai.
3. The Director, Directorate of Medical Education & Research, Mumbai
4. The Secretary, Admission Regularity Authority, Mumbai.
5. The Competent Authority, AMUPMDC, Mumbai.
6. The Controller of Examinations, M.U.H.S., Nashik.
7. Eligibility Section, M.U.H.S., Nashik.
8. Special Cell, MUHS, Nashik